AMERICAN INTELLIGENCE.

Tobacco in Hysteria. By Dr. J. H. Thompson, of Salem, N. J.—*August* 19, 1839—Frances S., ætat. 22, unmarried, dark complexion, black hair, moderate embonpoint, about the ordinary height, after having performed an almost incredible day's work, while her clothes were literally "soaked" with perspiration, sat down, with her bare feet resting upon a cold pavement, and continued in this situation for half an hour or more, until she began to "feel strangely," and as if something was "rising in her throat." She walked into the house and was immediately attacked with violent hysterical convulsions. I saw her at eight o'clock, P. M., about an hour after the attack. She was then upon a bed, surrounded by a number of persons who, as usual, appeared to think the convulsions could be arrested by *main force*, since their utmost efforts had been directed to the injudicious and unsuccessful attempt of preventing any motion on the part of the patient. Her arms were thrown violently in every direction; her head was forced backward, and with the body formed a complete arch. The muscles of the neck and trunk were under rigid tonic contraction, while those of the lower extremities were not at all affected. The face was swelled; the eyes firmly closed; jaws could be opened with difficulty, but were quickly closed with a loud "snap." Some abortive attempts were made to introduce medicine into her stomach; her feet were placed in stimulating pediluvia, and cold applications were made to the head, which was extremely hot. No impression had been produced upon the disease. I tied up her arm, and made a free opening into the vein, from which the blood flowed in a large stream. No regard was paid to mere quantity, its effects alone were considered. In a short time the convulsive motions ceased; the face began to lose the dark flush which had overspread it; the muscular system gradually relaxed, and the first intelligible words spoken by the patient since the attack were, "I feel sick." About 40 ounces of blood had been abstracted.

20th. Patient slept a little last night. Feels this morning, to use her own expression, "as if every bone had been broken, and every joint dislocated." Says the catamenia appeared a week ago, and were as usual. Bowels were operated upon by enemata. Still feels the globus hystericus occasionally in a slight degree. Antispasmodics freely administered during the day. At about the same hour as on the preceding day the patient was again attacked. Assafœtida, ʒi, with 60 drops of tinct. opii, were given in enema, and repeated two or three times, without effect. Pulse strong; vein again opened; with the loss of 20 ounces of blood, the convulsions ceased.

These attacks recurred at the same hour the three following days, notwithstanding the liberal use of almost the whole list of antispasmodics, and other remedies, amongst which quinine was given, as the disease appeared to have assumed a periodical character. The convulsions appeared to increase in violence; they lasted for several hours, and left the patient in an extremely exhausted condition. During the attack her countenance was so altered in appearance and expression that her most intimate friend could not have recognized her. Her throat was the seat of chief distress; desperate and continual efforts were made as if to tear away something which was choking her. A distressing "clucking" noise was made, as if the glottis was spasmodically opened and closed. Under these circumstances I determined to make trial of the powers of tobacco. On the next attack some leaves were procured. One was placed for a few minutes in hot water, and then spread over the epigastric region of the patient. In 15 minutes the hysterical symptoms had all disappeared. The patient felt sick, and continued so for some time, but did not vomit. At the usual hour on the following day, and also on the day after, she was again seized, but on both occasions the attack was arrested *in limine*, by the tobacco, and returned no more. No other means were employed. The patient slowly returned to her former state of health.

This is but a solitary instance of the use of tobacco in one of the Protean forms of this disease, and I am by no means disposed to place much reliance upon isolated cases. The facts are given as they occurred. It will be for further experience to confirm the efficacy of the remedy, or to reject it as unworthy of confidence in this disease.

Cases of Tetanus. By W. G. Ramsay, M.D., of Charleston, S. C.— Case I.—Edward, a negro boy, ætat. 18, property of Mr. C., was attacked on the 15th March, 1839, with acute pain in the chest and neck, accompanied with chilliness. A dose of oil was administered by his master; he became worse. I was sent for about eight o'clock, P. M.; found him suffering acutely with violent spasmodic action of the muscles of the back, abdomen, and chest; his body was bent completely back, producing opisthotonos; trismus existed to a slight degree. Recognizing all the symptoms of tetanus, I immediately questioned the attendants if the patient had received any injury, and was told that he had his large toe cut by a piece of glass two weeks previously, and that it was of so trifling a nature that they did not think it had any agency in his present suffering. I examined the toe; it was slightly swollen, with some heat, very sensitive; the slightest pressure brought on the spasms to a great degree; a small cicatrix was visible on the ball of the toe. Being convinced that this apparently slight injury was the *fons et origo* of the dangerous symptoms existing, I laid open the wound freely by a deep crucial incision, which was followed by the escape of about half a teaspoonful of pus, with some blood. Ordered the foot and leg to be put in warm water for a half hour; when removed a mush poultice, with ʒii tinct. opii in it; tinct. opii, ʒi, immediately, a ʒss every half hour until sleep was produced; stimulating friction to spine; stimulating enemata.

16*th.* Seven o'clock, P. M. The spasms continued until twelve o'clock, P. M., but at longer intervals, during which he had some sleep; when the poultice was changed early this morning the end of a splinter of wood was seen projecting through the incision, which was easily extracted; it was of pine, and about three quarters of an inch in length; from the time the splinter was removed he appeared much relieved, and slept soundly; at this hour I found him very quiet; expresses himself as feeling much better; disposed to sleep; rigidity of the muscles much less. Continue foot bath and poultice; tinct. opii, if necessary; to be kept quiet.

Twelve o'clock; has been asleep nearly all the morning. From this time he had no return of spasms. This case proves the propriety of dilating punctured wounds, especially when we have reason to think that suppuration has taken place, or that the foreign substance still remains: the spasmodic action of the muscles, which existed to a great degree, subsided almost immediately when the splinter was extracted; a question naturally arises in investigating this subject, what tissue receives the injury that causes tetanus? Sir Astley Cooper thinks that the tetanic symptoms which follow punctured wounds are the effect of injury to tendinous rather than nervous parts. But he does not deny that an injury of a nerve may produce the same effect. He gives many cases of operations where portions of nerves have been destroyed without any unpleasant symptoms. In like manner we daily see and hear of the operations on tendons, lately introduced into surgery, without any injurious consequences; the nature of the wound appears to me to be almost essential in producing tetanus, punctured wounds, in most cases, causing the injury, and yet, strange to say, in many cases the wound has healed for some time until almost forgotten, which will be seen in the next case; a sudden transition of temperature, from warm to cold, I have no doubt acts as an important exciting cause in producing tetanus, which will also be seen in the following cases.

Case II.—Dorcas, a negro girl, ætat. 15. I was sent to see her at one o'clock on the 16th Nov., 1839. She was complaining of acute pain in the chest, increased by inspiration; countenance distressed; seated on the bed, as the recumbent position was painful; hacking cough; she had suffered during the night with pain in stomach and bowels, unaccompanied with vomiting or alvine discharges. Believing that the symptoms were caused by a sudden change of the weather from warm to cold, producing a pleuritic affection, I bled her to the amount of ℥xvi, and ordered a dose of ol. ricini. Five o'clock, P. M.—Much worse; pain in chest increased, decidedly of a spasmodic character; pain along the spine; muscles of the neck rigid; muscles of the abdomen somewhat rigid. I was at a loss how to account for these symptoms, as they appeared to me to resemble clearly those of tetanus; I expressed my apprehension that it was this fatal disease, when an intelligent negro man, living on the premises, told me that the patient had run a small splinter in her foot about two weeks previously, which was easily extracted, and was of so trifling a nature that no more notice was taken of it. This being the case, I was satisfied I had to contend against a most fatal disease; I immediately examined the part where the splinter had penetrated, and found a small cicatrix on the outside of the right foot near the small toe, which gave no pain on pressure; I laid open the cicatrix by a free crucial incision, which was followed by small hemorrhage; foot and leg to be immersed in warm water; a poultice of mush, with ʒii tinct. opii, to be applied to the wound; acetat. morphine, grs. iii; ant. tart. grs. iii; water, four ounces; a table-spoonful every half hour; stimulating enemata; stimulating friction to spine. Eight o'clock, P. M.—Has been somewhat composed, but this state lasted but a short time, as I found her screaming with pain; the spasms very violent indeed; in a perfect state of opisthotonos and trismus; the muscles of the abdomen were very rigid; pulse weak; no operation from bowels. I had her put in a warm bath strongly impregnated with salt; to be enveloped with blankets while in the bath; cups on both sides of the spine from occiput to sacrum. Increase morphia grs. ii; a wineglassful of strong brandy toddy every half hour. Ten o'clock, P. M.—Has been very quiet since last visit; had some sleep; expresses much relief from the application of the cups; had one large operation; has vomited twice; much easier. Same treatment continued; if worse I am to be sent for; not to be disturbed to take medicine if asleep.

17*th.* Seven o'clock, A. M.—To my surprise I found my patient much better; she had slept well during the night, with no return of the spasms but occasional twitching; skin warm; pulse 90, rather full; speaks without difficulty; can open the mouth wide; vomited twice, during the night, some yellow bile; four operations; no rigidity of the muscles. Morphine mix. every hour, or oftener, if any indication of return of the spasms; to be kept quiet. Twelve o'clock.—Has been asleep all the morning; does not feel so well; some pain in neck and back; restless; pulse 95, full; no return of the spasms for nearly 15 hours, which led me to hope that the patient would yet do well; but after so long an interval of the fatal symptoms she died very suddenly in the act of turning on her side. So sudden and fatal a termination of the case is a very important inquiry; the only way I can account for it is, that the heart was seized with spasms; the contraction, which resulted, arrested instantly the circulation, or spasms of the glottis may also have produced so sudden a result. I had not an opportunity of making a post mortem examination; but I do not think that this *sine qua non* so important in our investigations into the nature and causes of disease, would have revealed to us the true cause of the sudden termination of this case.

CASE III.—Harriet, a mulatto girl ætat. 14, nervous temperament, received a slight lacerated wound from a nail projecting from a piece of wood, on the outside of the left foot, on the 26th July, 1841. On the 27th she complained of a little pain, and a poultice was applied to the wound; foot and leg bathed in warm water.

28*th.* She was out, and did not complain of pain; poultice to be continued.

29*th.* The wound suppurated and discharged a little pus, with relief; from this time she continued to attend to her business, not complaining of any pain; wound nearly healed.

August 2*d.* The weather was very cool, and had been so for some days; she walked a great deal, and part of the time on wet ground; she went to bed and slept soundly until daylight, when she was awakened by acute pains in the wounded foot, extending up the leg and thigh, in lower part of the abdomen and back. I saw her about six o'clock, A. M., and found her with a cool skin; pulse weak; complaining of being very cold; twitching of the muscles, especially of the left side; suffering acute pain in the left foot and leg, lower portion of abdomen and loins; the muscles in these situations very rigid, the slightest pressure caused an increase of the twitching, accompanied with intense pain. I immediately examined the wound and found it nearly healed. I laid it open, and a little blood escaped; had the foot and leg immersed in warm water; a poultice, with ʒii tinct. opii in it, to be applied to the wound; stimulating frictions to the limb and spine; ol. ricini, ʒi; camp. tinct. opii, ℥ss; stimulating enemata. Eight o'clock, A. M.—Symptoms worse; intense pain, extending up to the left side, occasionally darting through the epigastric region to the back; skin cool; complains of being very cold; twitching increased; left leg contracted. Quarter of a grain of acetate of morphine every half hour; stimulating enemata, to be continued until bowels were evacuated; blister to spine lumbar region, 12 inches by 6; patient to be kept warm. Ten o'clock, A. M.—Dr. Geddings saw the case with me at this hour; she appeared more tranquil; twitching continues the same; the slightest touch of the limb gives much pain, especially along the course of the lymphatics; no operation from bowels. Submur. grs. x; pulv. opii gr. i, in two powders, at intervals of an hour; tinct. assafœtida, ʒii, every two hours; continue morphine. One o'clock, P. M.—Has had a sound sleep for two hours; skin hot; pulse full, 96; perspiration profuse; appears to be fully under the influence of the anodyne; complains of headache and thirst; twitching has ceased; very drowsy; two operations from bowels. Ol. ricini, ℥i; discontinue anodyne, and assafœtida to be administered if the twitching or pains return before my next visit; to be kept quiet.

Eight o'clock, P. M.—Has had much sleep; skin cool; headache less; complains of pain on the slightest motion; bowels well evacuated. Continue the anodyne during the night; foot and leg to be bathed in warm water; poultice to be applied to foot.

Seven o'clock, A. M.—Slept soundly all night; a recurrence of the bad symptoms came on since five o'clock this morning; the pain and tenderness of the limbs was along the course of the lymphatics; more stiffness of the muscles of the neck than yesterday. Continue morphine and assafœtida as before; a warm poultice, wet with a solution of morphine, to be applied to the blister; stimulating enemata; frictions to limb, with tinct. opii and olive oil. Ten o'clock, P. M.—Has slept a little, feels more comfortable; twitching much less; not in so much pain as on last visit; rigidity of the muscles much less. Submur. grs. x, in two powders, one now, the other at the interval of four hours; continue same treatment as before; not to be disturbed to take medicine if quiet. Eight o'clock, P. M.—Has slept much during the afternoon; awoke in much pain, attended with much twitching, pain along the spine and neck; skin cool; pulse 20; continue the morphine and assafœtida with the brandy toddy; blister to be dressed with the solution of morphine; cups along the spine on both sides; to be very carefully watched during the night, and if not relieved the dose of the anodyne to be doubled.

5*th*. Eight o'clock, P. M.—Slept well from eleven o'clock; when she awoke this morning expressed herself as feeling much relieved; some stiffness in the limb, skin warm and comfortable; pulse 86; an eruption of the nature of eczema on the lips; some appetite. Warm bath for foot and leg; continue anodyne if the pain increases. Eight o'clock, P. M.—Has been very comfortable all day; little or no pain; has taken some nourishment; no return of the twitching; discontinued medicine for the present; to be given if necessary; continue poultice to foot.

6*th*. Has had a good night; no return of twitching or pain; says she feels hungry. Continues to improve from this date.

In this case much exercise, and the cool change in the weather, appear to have acted as exciting causes of the symptoms detailed, which, I have no doubt, had they not been treated energetically in the onset, would have resulted in confirmed tetanus. Most nervous diseases have a great tendency to periodicity in their attacks. In this case the paroxysms came on at the same time of the morning. It was a fortunate circumstance in the treatment that the symptoms yielded so readily to anodynes in the first paroxysm, as the nervous system was rendered quiescent for a long period before the accession of the next paroxysm.

Report of the Obstetric Department of the Philadelphia Dispensary for the year 1841.—One hundred and twenty-six women have been delivered, all at full term, except one at 7½ months, one at 6½ months, and one at 5½ months.

The average duration of labour in 98 of these cases was 9 hours; the extremes being 30 minutes and 96 hours.

The average amount of time required for the spontaneous delivery of the placenta in 92 cases was 15½ minutes; the extremes being 5 minutes and 5 hours.

The introduction of the hand for assisting the delivery of this mass was necessary in 6 cases, after a delay of 1, 1½, 2½, 3, and 5.* In five of these cases, the placenta was merely *retained*, either from torpor of the uterus, or from the manner in which the mass presented at its orifice. In the sixth case, however, the placenta was adherent by a considerable portion of its surface, and required manual dexterity to separate it.

In one of the cases of retained placenta, the uterus had become so completely torpid, that it failed to contract efficiently under the use of two scruples of the ergot in powder and two drachms of the wine of ergot, given at the end of an hour after the expulsion of the fœtus. The uterus was finally excited to action, by the insinuation of the fingers between its anterior lip and the placenta.

The ergot was also administered, in one case, to excite the contractions of the uterus, which had fallen into a state of atony at the end of the first stage of labour. It acted promptly and safely. The patient stated that she had been subjected to the use of this article in all her five previous labours.

The forceps were indicated, and resorted to in three instances. In the first of these, after the vectis had been employed to convert a sincipital presentation into a fifth occipital, and then to a first, position, these instruments were introduced with a view to save the patient from a state of exhaustion, into which she was rapidly sinking.

In the second case, they were employed to terminate labour in a woman four feet six inches high, who has in her two previous labours required instruments. (In the first, the crotchet was used.)

In the third case, the instruments were resorted to, to complete delivery after an ineffectual but severe labour which had continued 72 hours.

There were seven cases of well-marked uterine hemorrhage after delivery. Five of these were promptly amenable to free frictions and tight bandaging, while the other two demanded most assiduous attention, to avert the imminent danger to which the patients were subjected. The first of these cases has been detailed in one of our quarterly reports. She has since entirely recovered. The subject of the other case was somewhat advanced in phthisis: having apparently a large cavity in one of the lungs. The labour proceeded regularly, and terminated spontaneously in two hours, and the placenta was extracted in fifteen minutes. Shortly after having been bandaged and properly adjusted in the bed, she became very faint, and hemorrhage, at first concealed, soon developed itself to an alarming degree, causing rapid exhaustion. By the free use of wine of ergot, mixed with brandy, together with friction and powerful compression of the abdomen, the flow was staunched. After remaining in a very doubtful state for two or three days, she began gradually to rally. In the course of the fifth day, she had a return of the uterine pains, and then threw off a mass of coagulated blood, in which the fibrous laminæ were so conspicuous as to cause it strongly to resemble a fibrous polypus.

---

* We rarely allow this delay before proceeding to artificial delivery; but as, in several of these cases, the patients were under favourable circumstances, they were carefully watched, but not disturbed, until the periods mentioned.

The woman who aborted at 5½ months had hemorrhage for several weeks before the ovum was thrown off. The tampon, &c. had to be resorted to, to prevent her from exhaustion.

Several of the patients suffered much with irritability of the distended uterus, with occasional severe contractions. several weeks before delivery. They were relieved by venesection, laxatives, and emollient frictions to the abdomen. One patient had the liquor amnii escaping from the uterus during a whole month, and another during a week previous to delivery.

During the first and second quarters of the year, a number of the patients were attacked with different degrees of inflammation of the uterus and peritoneum. They all recovered under persevering treatment, to which especial reference was made in the reports of the practice of those seasons.

The number of children born of these 126 cases has been 126: viz: 72 boys and 54 girls; of these, 123 were at maturity, one at 7½, one at 6½, and one at 5½ months.*

Five children were still-born; of these, two were in apparently healthy condition; one of these two was the subject of a breech presentation, in which the head became locked in the pelvis, and strangulation took place before proper assistance could be rendered. The other was delivered before the attendant could be apprised that the patient was in labour, which continued only two hours. On one of the parietal bones of this child a deep indentation was found with the scalp adhering closely to the depressed bone, and without any evidence of recent contusion.

Two others were born in a semi-putrid state, and the fifth was barely alive when delivered at 5½ months of its fatal development.

Three children died within a month after birth, life terminating in convulsions, in two cases apparently with meningitis; one of these children was born at 7½ months.

The remaining children and the mothers of all were doing well at the close of the term of our attendance upon them.

JOSEPH WARRINGTON.

PHILADA, 1st mo. 1st, 1842.

Spontaneous Combustion.—The following, I apprehend, is the earliest case noticed in this country of that curious phenomenon. I am indebted for the particulars of it to the late WILLIAM DUNLAP, the Historian of the State of New York.

Hannah Bradshaw, aged about 30 years, had lived about a dozen years in the city. She was a healthy, hearty-looking woman, remarkably industrious, and neat in her person and manner of living, but bore a bad character with respect to chastity and sobriety. On account of her robust appearance and bold behaviour, she had obtained the name of *Man-of-War Nance*. She resided in an upper room, which had no connection with the rooms below, occupied by a family.

On the evening of the 31st of December, 1770, she desired a young woman who worked for her, and was going home, to come again early the next morning, and about 7 o'clock the same evening another acquaintance parted from her, at which time she seemed to have drank a little too freely. She was neither heard of nor seen again until the next morning, when the young woman returned to her work; after knocking and calling, and having waited until past 11 o'clock, this person, by the aid of a man who lived below, got in through a back window, and opened the door.

---

* Of 101 presentations, which were carefully noted, 98 were of the cephaloid extremity, and 3 of the pelvis; of the former, 80 were of the first position, 12 in the second, 2 in the third, 2 in the fourth, 2 in the fifth. One fourth position was artificially changed to the second, and one fifth position to the first. The positions of the pelvis were not particularly made out.

On looking within a screen, which went quite across the room and was fitted to reach the ceiling, she discovered the mutilated remains of Hannah. The body, or rather the bones, were lying near the middle of the floor, wherein a hole of about four feet in diameter was burnt quite away, and the bones were on the ground about a foot beneath that part of the floor. The flesh was entirely burnt off the bones of the whole body, except a small part on the skull, a little on one of the shoulders, the lower part of the right leg and foot, which was burnt off at the small, almost as even as if cut off, and left lying on the floor. The stocking was burnt off as far as the leg, and no farther. The bones, some of which were black, and others white, were so thoroughly burnt as to crumble to dust between the fingers. The bowels remained unconsumed. One of the sleepers, which lay under the shoulders, was almost burnt through; part of the head lay on the planks at the edge of the hole; and near it was a candlestick, with part of a candle in it, thrown down, but it did not appear to have touched any part of the body or to have set anything on fire. The tallow was melted off the wick, which remained unscorched by the fire, as also the screen, which almost touched the hole. The leg of a rush-bottomed chair, and about half the bottom, were burnt so far as they were within the compass of the hole on the floor, and no further. The ceiling of the room, which was whitewashed plaster, was as black as if covered with lampblack, as also part of the walls and windows; and the heat had been so great as to extract the turpentine from the boards and the wainscot. After all these operations, the fire went entirely out, so that, when the body was found, not a spark remained. T. R. B.

Scrofulous Ulcer of the Neck, penetrating the Inferior Thyroid Artery—Death from Hemorrhage.—The following case, very remarkable in several points of view, is recorded in the *New York Med. Gazette*, Feb. 9, 1842, by T. M. Markoe, House Surgeon to the New York Hospital.

"John Redmond, an Irish labourer, ætat. 25 years, was admitted into the N. Y. Hospital, April 30, 1841, with scrofulous enlargement of the glands of the neck. This disease, which was of long standing, had become very extensive, involving apparently the whole chain of glands on each side, and in many places had gone on to suppuration, followed by that irregular, indolent ulceration peculiar to scrofula. His general condition was very bad, his appetite poor, his muscular strength reduced, and his body emaciated, and it was more with the hope of restoring, in some measure, his general health, than of permanently curing his disease, that he was received into the hospital.

"By means of iodine in various forms, used both externally and internally, with wholesome and regular diet, his general condition very much improved, though without any particular amendment of his external disease. Indeed, during the summer the disease had made considerable progress. New abscesses formed in various parts, and those which had been long open, degenerated into foul, burrowing ulcers, undermining the skin in every direction, and in some instances passing deep in among the muscles. The sores presented a dirty grayish surface, from which exuded a thin, watery, and offensive discharge, and showed not the slightest disposition to take on the healing action. He was in this condition when, on the night of the 8th of November, a slight hemorrhage took place from one of the largest and deepest of the sinuses, which was situated on the left side of the neck, about over the middle portion of the sterno-cleido-mastoid muscle. The bleeding was slight and stopped spontaneously. Towards morning, on the night of the 9th, bleeding again took place in a much more profuse flow. The blood was of a bright arterial colour, but did not escape per saltem. A graduated compress of lint, and moderate pressure, with a bandage passed two or three times round the neck and under the right axilla, completely checked the hemorrhage.

"On the morning of the 10th, on removing the dressings to reapply them, a large stream of arterial blood spouted out with such force as to render it evident that some large vessel was opened by the ulcerative process. The sinus was immediately stuffed full of lint, and firm pressure with the fingers kept up to prevent further bleeding, until more effectual means could be adopted. As he had lost a great deal of blood, and his pulse was becoming very feeble, a little wine gruel was given to revive him.

"A consultation of the surgeons was immediately called. On removing the compress to examine the wound, another gush of blood took place, with such force as to be projected full six feet from the bed on which the patient lay, and in a stream apparently as large as an ordinary stream of urine. The compress was instantly replaced and pressure renewed, but not before the patient had lost so much blood as completely to blanch his lips and cheeks, and reduce his pulse for the time to a mere thread. The violence of the hemorrhage precluded any hope of securing the vessel in the wound, while the swelling had produced so great a distortion of the neck as to render it impossible to determine accurately the source from which it came. It was therefore determined to apply a ligature to the common carotid, in the hope that that vessel, or one of its branches, might be the one involved. The operation for tying the carotid was immediately performed by Dr. Post.

"An incision was made in the ordinary manner along the inner edge of the sterno-cleido-mastoid muscle, beneath which, in the usual situation of the sheath of the vessels, was found a large mass of fibrine adhering to all the tissues in that region, and confounding them together in such a manner that it was difficult to distinguish one from another. After careful dissection, chiefly with the handle of the scalpel, what appeared to be the sheath of the vessel, was exposed to view and divided. A cylindrical body of the size and colour of the artery was then brought to view, and a ligature passed under it by means of Sir P. Crampton's needle. The operator, as well as several of the other surgeons of the hospital, felt the vessel under which the ligature was placed, and were convinced that it was the carotid artery, although no distinct pulsation could be felt in it; this was accounted for by the state of extreme prostration to which the patient was reduced. The ligature was then tied, without, however, any effect whatever in arresting the flow of blood. From this it was evident that the subclavian, or one of its branches, was the injured vessel, but the patient was in so prostrate a condition, that it was not deemed safe to attempt anything farther in the way of an operation.

"Firm pressure with the hand controlled the hemorrhage, and was therefore continued, while stimulants and nourishment were freely administered in the hope of bringing about reaction of the system. The pressure was steadily kept up through the night, during the first part of which not a drop of blood was lost. He took his drink readily, but he evidently failed, his extremities became cold, and his pulse more and more feeble. Towards morning the compress, having become very much soaked with blood, and consequently very slippery, by a slight movement of the patient in his sleep, slipped from its place, and before the attendant could replace it, blood escaped in sufficient quantity to decide his fate. He died in about two hours after this unfortunate accident.

"A careful dissection of the parts was made after death. The ligature which was thought to have been placed round the carotid artery, was found to embrace only a band of organized lymph, situated immediately anterior to, and in fact upon the sheath of the vessels, which were in a perfectly healthy condition. On removing the coagula and cleansing the ulcer, it was found to have extended backwards, and downward towards the subclavian artery, the upper surface of which, just within the thyroid axis, it had reached within a quarter of an inch. On the bottom of the wound lay the thyroid axis exposed to view, and from it given off the inferior thyroid, running upwards and forwards, and destroyed by ulceration in one half of its circumference for the space of an inch. The ulcerative process involved, to a slight extent, the thyroid axis itself. The thyroid artery, beyond the ulcerated opening, was completely obliterated, showing previous inflammation of the artery. Indeed it would appear probable that the whole of the thyroid artery had been obliterated by coagula before the ulceration commenced, and it is probable that the whole of the artery would soon have been destroyed without danger, had not the ulceration reached the thyroid axis. This of course was not protected by coagula, and as soon as its coats were penetrated, hemorrhage ensued. The other arteries of the body, as far as examined, were healthy."

Removal of the Os Maxillare Superius for a Cephalomatous Disease. By J. C. Warren, M. D.—The patient, Mr. I. G., is 35 years old, well constituted, and in every particular strong and healthful, with the exception of the disease which called for this operation. About nine months since he began to be affected with frequent and considerable bleedings from the nose. These bleedings occurred about once a week, and were sometimes profuse. During the occurrence of one of these attacks, he was led to pass the finger deep into the left nostril, and discovered there a tumour about the size of a pea, in the outer side or wall of the cavity.

The bleedings continued, and the tumour grew till it made a visible appearance in the aperture of the left nostril. Alarmed at this, he consulted Dr. Winslow Lewis, who, suspecting a formidable disease, advised him to apply at the Massachusetts General Hospital for advice and assistance. He was there examined by Dr. Hayward and myself, and presented the following appearances. The left nostril was filled by a tumour of a deep red colour and soft consistence, discharging blood freely on being subjected to a slight touch. A probe could be introduced into the cavity on the inner side of the tumour along the septum of the nose; but, on the outer wall, was soon arrested in its progress by the tumour, which appeared to be connected with this part, and bled so copiously as to prevent a continuance of the examination in this direction. The external appearance of the face being examined, the nose was seen to be tumefied on the left side by the protrusion of the nasal process of the upper jaw, and also by that part of the bone forming the exterior wall of the nasal cavity. On opening the mouth, the hard palate was seen to be the seat of a tumour of an elastic character, oval form, and size sufficient to occupy a considerable portion of this cavity, obviously produced by the pressure of a substance in the nostril above. The mucous membrane of the mouth was not altered in colour or consistence.

On passing the finger through the mouth into the posterior opening of the nostril, this aperture was found to be filled by a soft elastic tumour, similar to that which occupied the anterior aperture. The septum of the nose was slightly inclined into the right nostril.

Such were the history and appearances of this tumour. Its vivid red colour, soft consistence, disposition to bleed, rapid growth, and consequent breaking down of the bones which surrounded it, satisfied me that it was a cephaloma, a malignant fungus, which would destroy the patient's life in a short time unless extirpated; and I, therefore, advised him to enter the hospital, and have it removed. The patient agreed to this course, and went home to make his arrangements.

In nine days after, he entered. When I came to examine the tumour again, I found that, during this short period, it had enlarged considerably; and especially that it had extended to the right side of the palate so far as to leave a small space only between it and the teeth of that side. I was now seriously apprehensive that no operation could wholly eradicate the tumour, and felt much doubt whether it would be expedient to attempt one, in itself always severe, and which in this case would be attended with dangerous bleeding. After weighing the arguments on both sides for three or four days, I came to an affirmative conclusion, provided other gentlemen were of the same opinion. On the Saturday following, the 4th of December, a consultation was held, consisting of Drs. Hayward, Townsend, and Holmes, and these gentlemen being satisfied that as there was no other ground of hope for the patient, and that he must die in a most distressing manner, the operation was decided on, and immediately after executed.

The principal difficulties I anticipated in this operation were the following:—1. Profuse bleeding, which the character of the tumour, the tendency of blood to the head produced by it, and the fulness of the patient's habit, seemed to promise. 2. Impracticability of dividing the bones without sawing, as the patient was of an aspect which indicated unusual solidity of the osseous texture. 3. Fatal syncope, from the quantity of blood lost and the pain of the operation.

To obviate these dangers I proposed—1. Compression of the carotid arteries, tying of the wounded vessels when they bleed freely, and the use of the actual cautery. 2. Division of the bones by the cutting forceps, which I had caused to be made and used for the last twenty years. 3. Waiting occasionally to give the patient time to recover, and recruiting him with cordials.

Everything being arranged, the patient was placed in a chair, his head well supported, and the operation was then begun in presence of the medical class and a considerable number of medical gentlemen of the city.

I made an incision from the middle of the external edge of the left orbit to the left angle of the mouth, down to the bone. A most copious gush of blood succeeded. The internal flap was then quickly dissected up to the middle of the nose, cutting up at the same time the cartilage of the left wing of the nose, and freeing the globe of the eye from the inferior part of the socket by the division of the inferior oblique muscle, the fascia of the eye and the periosteum. The outer flap was then rapidly dissected from the os malæ and os maxillæ, and around the latter bone as far as its union with the pterygoid process of the sphenoid; but the uniting space was not at this time penetrated on account of the large pterygoid branch of the internal maxillary, which would have been difficult to secure in this stage of the operation.

The two flaps being separated, the anterior extremity of the spheno-maxillary fissure was perforated, and I then proceeded to the division of the bones. The os malæ was attached directly opposite to the perforation in the spheno-maxillary fissure. The cutting forceps were then applied to the broadest part of the malar bone, and divided it smoothly in a few seconds. Second, the same instrument was applied at the internal angle of the eye, in an oblique direction from the lower edge of the orbit to the lower termination of the os nasi. Here the projection of the tumour into the orbit occasioned some difficulty, from the little space left for its introduction into the orbit; but, the instrument being fixed, the bone was divided without difficulty.

In the meantime, the blood continued to flow in torrents. One considerable artery required immediate ligature; and the bleeding of the others was controlled by compression of the carotid artery. The mouth of the patient filling with blood, frequent pauses were required to afford him an opportunity of ejecting it, and occasionally he was recruited by a little wine.

The most difficult part of the operation remained: that of dividing the sound from the unsound parts within the mouth, and separating the maxillary from the sphenoid and palatine bones without injury to the latter; so as to leave the patient the whole of the soft palate, with the palatine plate of the os palati to support it. In order to accomplish this without dissection, I made an incision through the mucous membrane of the hard palate, beginning at the edge of the palatine plate of the os palati, and extending the incision forwards to the external edge of the jaw, then upwards across the alveoli into the bone. To facilitate this incision, the middle incisor tooth of the left side was taken out in such a way as to break the anterior part of the alveolus. Then by a single stroke of the cutting forceps the upper maxillary bone was divided, and its palatine plate cut through as far as its junction with the os palati. In order to separate the palatine plates of the maxillary and palatine bones, I hoped to be able to clear the mouth of blood for a moment to make a transverse cut between these plates. But to see was impossible, from the flow of blood. Therefore, passing the forefinger of the left hand into the mouth, I felt the last molar tooth, and turning the pulp of the finger forwards to receive and support the instrument, I struck a strong-pointed knife through the hard palate at the union of the maxillary and palate bones, separated these bones, and was able also to separate the maxillary bone from the pterygoid process of the sphenoid, and thus accomplished the disunion of all the bones concerned. Finally, the knife was passed externally behind the upper maxillary bone into the space between this and the pterygoid process, to divide the second branch of the fifth pair of nerves. This was done by a stroke of the instrument, and the patient made a great cry, evincing that this nerve had been reached.

Seizing the bone with the left hand by its orbitar and alveolar portions, it was by a gradual movement started from its situation, and aided by a few touches of the knife, its remaining periosteal attachments were divided, and the whole bone and tumour dislodged from the face.

The patient having lost much blood, had now become faint, and was, therefore, placed on a table. The portion of swelled mucous membrane on the right side of the palate was cut off with ease, and it now only remained to arrest the hemorrhage. A ligature was applied to the superior ethmoidal branch, or continuation of the maxillary artery. The hemorrhage from a second artery also required to be arrested. This was not easily done, for it was impossible to discover the orifice of the wounded vessel. It was, therefore, touched with caustic potass, and lint applied to it. As the bleeding might recur, the wound was not immediately brought together, but was covered with a cold-water compress, and the patient left in the operating theatre. He was able to swallow and speak, notwithstanding his exhaustion and the length of the operation.

The time expended during the operation I do not know, having always considered it the part of folly to measure an operation by time, rather than the exigencies of the case. I was informed, afterwards, it was over forty minutes. The principal part of this time was expended in waiting for the patient to relieve his mouth and throat of blood, which appeared to embarrass him more than I had expected. But the time employed in the incisions, both of the soft and hard parts, was short, and certainly could not have exceeded ten minutes.

In three hours after the operation, no bleeding having occurred, the wound was dressed by passing five sutures and applying a cloth of four thicknesses wet in cold water, to be moistened from time to time; and then he was carried to his bed. He passed the night rather uneasily; but the next day he was more quiet. The pulse, for four or five days after the operation, varied from 80 to 112; at the end of six days it was 72. The third day, the wound being wholly united, the stitches were withdrawn by Mr. Hayward, the house-surgeon, at my request. In two or three days, the patient was able to take softened bread; and, in three weeks from the operation, went home to pass Christmas with his family—in two days after which, he was discharged. At the present time, eight weeks after the operation, he is at home, takes food freely, and speaks intelligibly. The left eye, at first much swelled, is in a natural state, and he uses it without uneasiness. On the left side of the palate there is an aperture of a triangular form. Through this, the os ethmoides may be felt, the projections of which were mistaken by the patient for a return of his disease. The food occasionally passes through this aperture into the nostrils, and embarrasses the patient momentarily. The soft palate is entire. There is a slight paralysis of the left side of the upper lip, from the division of the facial nerve; and a want of sensibility in the left side of the nose and the left upper lip, from the division of the second branch of the fifth pair of nerves.

Description of the Tumour.—The tumour, after its removal, exhibited the following appearances. At its summit appeared the lower floor of the orbit of the eye, at the inside of which was a portion of the nasal process of the os maxillare superius. On its outer part projected one half of the os malæ; below appeared the left half of the palate, with the exception of the part which belongs to the palatine plate of the os palati. A portion of the fossa canina, and the whole alveolar margin, with the correspondent teeth, were visible. On the inner wall of the mass appeared three considerable red-coloured lobes, attached to the outer and inferior part of the maxillary cavity, by something like a pedicle, about an inch in diameter—the three lobes being connected at their attachment, but separated at their internal or nasal extremity into an anterior, middle, and posterior lobe. The superior maxillary nerve was seen in and behind the orbit. The whole was covered by membranes which separated it from the parts in contact. One lobe had made its way through the bone of the face; the others through the partition between the nostril and antrum.

Examined by a glass magnifying from twenty to thirty times, the substance of the tumour was found to be composed of semi-transparent globules, which became opaque in alcohol. These were connected by a fibro-cellular substance, which appeared to form a larger part of the tumour than the globules themselves. The texture was in consistence somewhat spongy and elastic, and was very vascular; differing in these points from a tumour of the upper jaw, for which I removed that bone two years since—in which the globules were red and fleshy, though very small, and the interstitial substance was of a firm, scirrhomatous character, and not highly vascular.

Remarks.—The minute account I have been led to give of this operation, may appear tedious and unnecessary. I have been induced to these details from the difficulty I have experienced in this as well as other operations, from the defect of minuteness in their descriptions. Those who are called on to their performance alone feel that no fact relating to them is superfluous; while others, who consult such descriptions from curiosity only, complain with justice of long descriptions. Besides the general reasons in favour of minuteness, there is one which is particularly applicable to this case. The organs affected were but slightly masked by disease; so that nearly the whole operation could be done with precision by anatomical rules.

The most important consideration in regard to this case, is the question whether an operation should have been done? That the patient would have lost his life from the disease if allowed to pursue its course, there is no doubt. In my practice I have seen a considerable number of cases of bleeding fungus of the antrum and nostrils, which have gone on to a fatal and painful termination, notwithstanding remedies, internal and external; and removal of the tumour from its bony cavity, followed by a careful cauterization of its parietes. In order to judge of the propriety of operating in such cases, we must distinguish from each other the different tumours which begin in the maxillary cavity and extend into the nostrils, and raise the bony parietes of the face, orbit, and palate. I have seen four different species of such tumour. First, the osteo-sarcoma of the upper maxillary bone; second, the fibrous tumour; third, scirrhoma; and fourth, cephaloma.

The first, osteo-sarcoma, is the most formidable in appearance, and attains the greatest size. Its growth is rapid and luxuriant; it breaks down the surrounding bones, and produces enormous deformity. This affection, terrible as it is in appearance, is tractable by operation, and its careful removal is generally followed by a successful result. The second, fibrous tumour, is of slower growth, and more limited in its ravages. This may be removed with a reasonable certainty of its not returning. Third, scirrhoma. This form of tumour of the antrum is characterized by its hardness, the pains which attend it, its moderate growth and certain fatality. Fourth, the cephalomatous tumour is rapid in its growth, and of a spongy texture, produces excessive bleedings, and terminates by death unless removed at an early stage.

The disease in this case was of the fourth species. It follows, from what has been before stated, that, in our opinion, such a tumour must be removed at an early period, and when in a circumscribed condition. The tumour, in this case, presented these conditions when we first saw it. Afterwards, its rapid increase led to doubts as to the final success of the operation. Still it was limited in its adhesions to the interior of the maxillary cavity; and the slight enlargement of the palate seemed to be rather an effect of its pressure than of its contaminating quality; and, as the whole disease was removed, there is certainly ground for the hope that the patient may escape a recurrence. At least there is to those who do not entertain the idea that all malignant tumours—that is, all the tumours which tend to involve every contiguous texture in their growth—are necessarily and early the products of a contaminated circulating fluid. Those pathologists who are of this latter opinion must of course believe that every operation for the removal of malignant tumours is utterly unavailing. But although it is true that a great number of these are followed by signs of a general vitiation of the blood, my experience of a happy termination of a great number of such diseases will not allow me to fall into this general and sweeping conclusion. It is true that, in the present state of science, we have no means of determining in their earlier periods what diseases are malignant. While this uncertainty continues, we must take advantage of it, and believe that when, with similar appearances, some tumours are happily eradicated and others become constitutional, we have grounds for the hope that we may sometimes succeed in the extirpation of local affections, which, if allowed to go their course, would become constitutional.

The perfectly healthy condition of the patient in this case precludes, in our view, the opinion that a vitiated state of the blood produced the local disease; and the limitation of this disease to a pediculated attachment certainly, in my mind, excites the hope that he may escape the fatal result which, without the extirpation, would have inevitably followed. The possibility of a recurrence of the disease would have prevented my making public this description until the final result had been tested by time, had not a partial statement appeared, which seemed to me to call for the details I have here furnished.

At this time, three months subsequent to the operation, he seems to be quite well, and has resumed his former occupation. The edge of the wound, and the projection of the os ethmoides above it, appear sound; and probably will soon with safety permit insertion of a substance to cut off the communication between the mouth and nostril.

Note.—Having alluded to a case in which I did this operation some time since, I will here give a short account of that case. In June, 1839, Captain ———, formerly master of a ship, aged about 60, came to me with a tumour on the right side of the nose. On regarding it, I could hardly perceive any inequality; but, on passing my finger over the part, I discovered a rising on it, and, examining the jaw, found that a number of the teeth had fallen. The patient was affected with severe pains, which were increasing. I judged it to be a scirrhoma of the antrum, and advised its immediate extirpation. The patient did not, however, make up his mind to an operation till the following September. He then sent for me to come into the country, about forty miles, for this purpose. On visiting him, I was painfully struck with the rapid progress of the tumour. The whole of the right side of the face was disorganized and horribly deformed. Although I had come some distance for the purpose of doing the operation, it is doubtful whether I should have proceeded with it had not the patient been impelled by the intensity of pain to call for it. I removed the tumour. The wound united. In a week he was well enough to use the eye of the affected side with a spy-glass. But, soon after, the disease recurred, and he died two or three months subsequent to the operation.

The disease was distinguished by its hardness, pain, and absence of hemorrhage, from that which has been here recorded.—*Boston Med. and Surg. Journ.* Fed. 9, 1842.

—

On a form of Sore Mouth peculiar to Nursing Women.—In our No. for Jan. 1841, there is an account of this disease by Dr. Backus, of Rochester. This affection, so far as we can ascertain, is unknown in Philadelphia. Our lamented friend, the late Dr. Dewees, never met with a case of it here; nor have any of our friends with whom we have conversed on the subject. Nevertheless, it appears to prevail, in limited localities, through a very extensive range. Thus we have seen a lady from Memphis, Tennessee, who had suffered severely with it, and Dr. Shanks of that place informs us that few nursing women in that town escape it, whilst the neighbouring towns are free from it.

In Boston, Massachusetts, the disease has also prevailed, and we have recently met with an account of it published in the Medical Communications of the Massachusetts Medical Society, vol. v, p. 1, (1830,) by our friend Dr. E. Hale, Jr., which furnishes so satisfactory and interesting an account of the affection that we shall extract it entire.

"Nursing women are often subject to a sore mouth of a peculiar character, which I have not seen adequately described. It begins with a hard pimple upon the edge of the tongue, generally at a little distance from the tip, which is very red and extremely painful. In many mild cases this continues a few days and disappears, and then returns again at irregular intervals. Those who have been frequently subject to these attacks, are aware of their approach by a loss of the sense of taste, and especially by being insensible to the taste of salt, accompanied by other peculiar sensations in the mouth, which they seem at a loss to describe.

"This is the mildest form of the disease, and unless it is under the influence of remedies, it does not long continue in so mild a state. After a few returns, and not unfrequently at the first attack, the central spot ulcerates. The ulcer is deep, with hard elevated edges, surrounded by an inflamed circle, and is still exquisitely painful. Several of these ulcers form upon the soft parts of the mouth, that is, upon the tongue and the inside of the cheeks, rarely if ever upon the gums or the palate, and although each ulcer is of small extent, the inflammation around them spreads over nearly or quite the whole mouth. The tongue is very red and smooth. The salivary glands are excited, so that there is a considerable salivation. The inflammation next extends to the fauces, and then to the mucous coat of the œsophagus, stomach, and intestines, accompanied by diarrhœa. The soreness of the mouth is not diminished by the extension of the inflammation to other parts. The ulcerations continue to increase in depth, though their extent of surface is not great. I have seen a considerable loss of substance in the edge of the tongue, which has been only partially supplied when the ulcer healed, leaving the edge of the organ still jagged and uneven. Throughout the whole of the disease the appetite is good, but the pain from taking food is so great that nothing but the mildest liquids can be borne. Although the patient becomes greatly emaciated, and her strength wastes rapidly, the secretion of milk is little if at all diminished, and the child continues vigorous and healthy.

"In any stage of the disease, if the child be taken from the breast, the affection of the mouth heals with great rapidity. The same is true in the earlier part of the disease, of the diarrhœa and other sympathetic affections; and indeed it generally is so when the weaning takes place at any period. In one instance, (it was the first case that came under my observation,) where the nursing was prolonged until the patient's strength was much exhausted, she was not materially benefited by weaning the child. The mouth healed, but the diarrhœa continued. The powers of the digestive organs were so prostrated that she could not take food sufficient to nourish her, and after a long period of debility and suffering, she died—more from inanition than from the violence of any constitutional disease. I am not now able to form an opinion decisively, whether this woman would probably have recovered if the child had been taken away earlier; but am not without some apprehensions that her life was endangered by nursing it so long. In other instances I have seen patients recover from a state of extreme weakness, produced by pain and diarrhœa, accompanied by the inability to take food, with a rapidity altogether surprising; and this without any material change of remedies to account for the change of health, except in the mere circumstance of weaning the child. In the following case the connection of the disease with nursing was very strikingly exhibited.

"Mrs. H. had suffered considerably with sore mouth while nursing her first child, but not so severely as to induce her to wean it prematurely on this account. After the birth of her second child she passed the puerperal state without any peculiar difficulty, but had not fully recovered her strength before the sore mouth appeared. It ran rapidly through the stages I have described, in spite of any remedy I could use, and in a few weeks it seemed evident that nothing but weaning the child could save her life. She yielded to this necessity with great reluctance; but after some delay, which I thought exceedingly dangerous, such was her state of exhaustion, she took the child from the breast to bring up by hand, being too poor to procure a nurse for it. She recovered with such rapidity that in a week she was able to walk out, and I discontinued my visits. In about another fortnight I was called again, and found her still more reduced than at any time before. On inquiry it appeared that soon after I had left her, she had been persuaded by some injudicious friends, to apply the child again to the breast. The milk, which had not wholly disappeared, returned freely, and she had now nursed the child a fortnight. In the mean time the sore mouth and the diarrhœa had returned with more than their former violence; and her whole appearance indicated extreme debility and exhaustion. The child was now weaned in good earnest. She recovered, however, much more slowly than before; and it was not until after spending some weeks in the country that her strength was fully restored.

"The following year, after the birth of another child, this patient was again affected in the same manner. For several weeks we were able to keep the disease in check, by a constant exhibition of remedies, with a careful diet; but it then increased to such a degree as to render it necessary to wean the child. She recovered her health in a very short time, and has since suffered no relapse.

"In one or two other instances I have found weaning necessary. But in many more cases the disease has yielded to treatment without it. The patient does not indeed so entirely recover as to be wholly free from any tendency to the complaint. On the contrary, the mouth is very ready to become sore, from slight occasional causes—from fatigue, or from accidental indigestion. But in general these attacks are soon checked, and are followed by intervals of tolerably good health.

"The circumstances which require that the nursing should be suspended, are not merely the degree of soreness of the mouth; but the violence of the diarrhœa, and the extent to which the general constitution suffers, and more especially the inefficacy of remedies to arrest the disease, while that function continues to be performed. The length of time during which it may be proper to wait in order to ascertain the efficacy or inefficiency of remedies must, of course, vary according to the urgency of the symptoms. The necessity of weaning is an evil to be avoided if possible. Not only is the patient subjected to the inconvenience and expense of a wet nurse, or of bringing up her child by hand, either of which are far from being trifling, but she is left with the strong probability of having to undergo the same evils again, at no great distance of time.

"So far as my observation extends, there is always a disposition to a recurrence of the disease in every subsequent period of nursing. And, although my experience has not been sufficiently extensive to be decisive on this point, yet this disposition to recurrence seems to be stronger in those cases where the child has been weaned on account of the disease than in others. The reason may be only that in these cases there is less opportunity for the constitution to regain its usual habits or health before another pregnancy. But be the explanation as it may, if the fact should prove to be so, it becomes a strong reason for not resorting to weaning, until the necessity for it is quite manifest. At the same time we must be on our guard not to suffer the exhaustion and debility to proceed so far as fatally to undermine the constitution. It is obvious that if there is any predisposition to phthisis, or other constitutional disease, the debility must be regarded with more solicitude and apprehension than in a habit generally vigorous and sound.

"This kind of sore mouth is also sometimes seen during pregnancy. But according to my observation, it never appears in a first pregnancy, and when the sore mouth appears in a subsequent pregnancy, the disease does not extend itself into the other train of symptoms, which I have described. I have never seen it in a pregnant woman, unless she had before suffered from it while nursing, and it has in that state yielded readily to remedies without any considerable constitutional irritation.

"*Treatment.*—In the treatment of this affection, local remedies are of very little service. I have seen some little benefit from the use of a decoction of the leaves of the black currant; but in general, mouth-washes and gargles avail so little as scarcely to give a momentary relief. It not unfrequently happens that the stomach is disordered, although this is not essential to the disease; and when it is so, an emetic is necessary. For this purpose the ipecacuanha is the best, since it is not desirable to produce a powerful general effect upon the system. The emetic is but preparatory to the direct treatment of the disease: and there are many cases in which it may be dispensed with. For the cure, the chief reliance must be upon tonics; those particularly which give vigour to the actions of the stomach with little general excitement. The lime-water infusion of bark (infus. cinchon. cum aqua calcis of the United States Pharmacopœia) is a good preparation for this purpose. Given in quantity of a wine-glassful two or three times a day, it will often arrest the disease and restore the strength. Another preparation of the cinchona, which is well suited to this disease, is a compound fermented infusion. Take of cinchona, bruised, half an ounce, serpentaria half a drachm, orange peel two drachms, boiling water a pint; infuse and strain, and when cool, add yeast a sufficient quantity to excite fermentation. The carbonic acid, in almost any process of fermentation, seems to exert a very favourable influence in this complaint—provided the liquid which accompanies it is not of a nature to produce acidity and flatulence in the stomach. Bottled porter and ale are highly useful remedies. For the reason just given they should not be new; but if sufficiently matured, the more fixed air they contain the better. The effervescing salts also have sometimes a pleasant and salutary effect. Especially in case a laxative is necessary, it is quite desirable to give it in some effervescing mixture. This may be the common Rochelle or Seidlitz powders, or what I think for most cases a better preparation, a powder of rhubarb mixed in water with the super-carbonate of potass, which is found in every family, adding a little lemon-juice or other acid at the moment of taking it.

"Where the porter has stimulated too much, and the effervescing salts were disagreeable to the patient, I have given a fermented solution of tartaric acid and sugar. In the warm weather this is quite an agreeable article of drink; when properly prepared it contains a large portion of carbonic acid, and at the same time is so free from vegetable impurities, that it is very little liable either to give pain or excite flatulence in the stomach. The preparation of it is not difficult. An ounce of tartaric acid is put to about three gallons of cold water, with white sugar to suit the taste; and add two or three spoonfuls of good yeast, (more or less, according to the quality of the yeast,) stir it well when first mixed, and once after two or three hours, at which time, if necessary, add more yeast; let it stand quietly in a cool cellar about twenty-four hours; then draw it off carefully and bottle it.

"There are some cases to which the sulphate of quinine is well adapted. It is not in the worst state of the disease that it is the most useful, when there is a great deal of irritation in the mouth, throat, and stomach. But in a debilitated constitution, in which there is a disposition to the disease; or after a severe form of the disease has been nearly cured, and is disposed to return, this remedy will sometimes exert a great influence. I have known a patient keep the complaint in check for a length of time by taking a small quantity of the sulphate of quinine occasionally, whenever she perceived the approaches of the disease, as indicated by insensibility of taste, preceding the soreness.

"There may be other tonics that would be equally efficacious, which I have not mentioned. I have spoken only of such as I have myself prescribed. Whatever tonics are used, however, it is essential that they should not be of the exciting kind. Tinctures of any sort are wholly inadmissible; and in general I have found it necessary for the patient to discontinue the use of wine, while the disease was in its severer state.

"I have known of some cases in which calomel, combined with opium, has been given to advantage, although I have not myself met with any which seemed to me to call for it. Where there is much constitutional irritation, without great general prostration, we might expect decided benefit from the use of calomel and opium. But in the severe cases that I have seen, there has been so much prostration, with a disposition to sweating, rather than to a dryness of the skin, either before I was called, or before I have found opportunity to give this medicine, that I have made no trial of it.

"I have said nothing of the benefits of change of air and exercise in this complaint, because there is nothing peculiar to it in their good effects. I have already sufficiently intimated, that no course of treatment, of which I have any knowledge, will at all times be effectual, so long as the patient continues to nurse her child. Where the disease is not arrested by the use of medicines, and especially if the strength continues to decline rather rapidly, weaning seems to be the only remedy. But enough has already been said of the circumstances which require a resort to it.

"In regard to the pathological character of this complaint, it is apparent that it is intimately connected with, and dependent upon some peculiar state of the system produced by the secretion in the mammæ. It is found only in females, and in them only while nursing, except when it returns in a mitigated form during pregnancy, in some persons who have before been subject to it; and it speedily disappears when that secretion is checked. But it is not enough to have traced it thus far, nor to show that the disease may be removed by suspending so important a function. It is only in cases of great danger or extreme suffering, that mothers can, or ought to be, induced to consent to weaning their children on account of it. It is necessary, therefore, to inquire more particularly into the nature of the actions by which the disease is produced.

"That this affection is not the effect of mere exhaustion of the system, from the demand made upon it by the secretion in question, is manifest from the circumstance that women of a vigorous constitution and of good general health are subject to it, as well as those who are feeble; while, on the other hand, many, whose constitutions are extremely debilitated, go through the whole periods of pregnancy and nursing without any touch of it. It appears more rational to regard it as the effect of the local sympathies of the parts.

"From the great liability of the stomach to be disordered in this complaint, and especially from the fact already mentioned, that those remedies only are of permanent benefit which act on the stomach, it should seem that it is chiefly through the intervention of that organ that the disease is produced. We know of no direct sympathy between the parts in which the affection first appears and the mammæ; while the stomach is very closely connected with the mouth and fauces on the one hand, and with the uterus and all the organs associated with it on the other.

"This view of the nature of the disease sufficiently explains all the phenomena, which I have been able to observe, both of the disease itself, and of the cure. In the treatment of a sympathetic disease, our first object is to remove, when that can be done, the affection that gave rise to it. But when that cannot be effected, or when, as in this case, the sympathy is with some function which it is important to preserve, our next purpose is directly to relieve the suffering organ. In the present instance, if we apply our remedies primarily to the local affection in the mouth, they fail of their effect. But if they are applied to the stomach they are not unfrequently so successful as to give the patient a very tolerable degree of health, until the proper time arrives for weaning the child, when all tendency to the disease will of course cease."

Dr. Hale, in reply to a letter we addressed to him on the subject, writes:—"I still see the disease occasionally, but not very often. I think it has been less frequent recently than it was ten years ago; but I have no very accurate data for this opinion. The only thing that occurs to me to qualify in my paper is a single remark on the appearances of the mouth and tongue in the earlier part of the affection. There is sometimes (I am not able to say how often comparatively) a general soreness of the tongue and mouth, with loss of taste, &c. without any particular ulceration, and this may continue, varying in severity, for a considerable length of time. Patients, who have once been severely affected, seem rarely to recover from the disposition to it so as to be able to nurse subsequent children. I have been obliged, within a few weeks, to advise weaning her child to a patient who first became affected many years since. She has borne six children, and has never been able to nurse any since the first. It was now much longer than usual since she had made the attempt, and we had some hope that there might have been some change in regard to the tendency. For a few weeks she got on pretty well. The mouth then became sore; and for a few weeks more, the soreness seemed to be kept in check by sulphate of quinine and other tonics. Next came diarrhœa and so much prostration, that weaning seemed to be the only resource. In every other respect she has pretty good health."

We should be much pleased to receive further information relative to the localities, &c. of this disease.

Applications of Bran Dressing.—Dr. Reynell Coates, the present able editor of the *Medical Examiner*, has published in his Journal (Nos. 9 and 11, Vol. I, N. S.,) some interesting observations on this subject, a portion of which we extract. Dr. J. Rhea Barton "was originally led to the employment of the bran in cases of compound fracture accompanied with extensive laceration, where an equable support without the uncertain pressure of bandages became a most important object. It is well known that such cases are peculiarly prone to produce mortification, and that any dressing offering the least restraint to the local circulation greatly enhances the danger. Rest—absolute rest—and not pressure, is the chief indication. But the swelling attendant on the subsequent inflammation inevitably occasions swelling; and the most cautiously applied bandage, however slight may be the restraint which it produces in the first instance, speedily becomes tightened by the increasing bulk of the parts, and undoubtedly promotes the occurrence of gangrene in many instances. It is chiefly for the purpose of readily adapting the dressing to this change in dimensions, and to accomplish this with the least possible agitation of the limb, that the bandage of Scultetus, or the less perfect ordinary bandage of strips is now almost universally preferred to the common roller in the treatment of compound fractures. But even the bandage of Scultetus cannot be applied without exerting considerable pressure, and thus enhancing, to a certain extent, the danger of mortification; while the gradual or more rapid exudation of blood from vessels too small or too deeply seated to be properly secured by ligature, moistens the strips, increasing the rigidity of the dressings, and frequently rendering it impossible to modify their action without agitating the limb in a painful and, it may be, dangerous manner. Again: When the laceration is extensive, this very exudation of blood from broad surfaces and minute vessels often endangers the life of a patient already almost in a state of collapse from the shock of the accident. It must be arrested—and this can only be accomplished by *pressure.* It is, therefore, of the utmost importance that we should so regulate this dangerous resource as to render its action as mild and as purely local as possible.

"The first case in which Dr. Barton employed the bran dressing, was of the character just described, and he observed that the blood escaping from the wounds gradually amalgamated the bran in the immediate neighbourhood of the injury into a soft, but solid mass, which, by its increasing extent, and its enlargement by the absorption of fluid, continually meets with more and more resistance from the dry bran which surrounds it, and consequently reacts directly on the wounded surfaces with perpetually accumulating force, until it arrests the hemorrhage; when the process instantly ceases. Thus we have an exceedingly bland application—a mixture of bran and coagulated blood—acting in a manner purely local, without the slightest embarrassment to the general circulation of the injured limb, and one which cannot exert any degree of pressure beyond the precise necessities of the case.

"It frequently happens, in the progress of reaction, that a hemorrhage of this character is renewed by the returning vigour of the circulation. In this case, the compress, if we may so style it, again becomes gradually enlarged, until the pressure is sufficient once more to check the flow.

"This beautiful process has been very frequently employed by the able and ingenious surgeon with whom it originated, and always with the happiest effects.

"We have spoken of the facility with which the bran dressing may be shifted to permit an examination of the injured parts; but, in extensive lacerations, such examinations should never be lightly made at a moment too early after the accident.

"The limb being placed in a suitable fracture box, the broken bones adjusted, and an easy attitude secured, it should be covered completely, and to a considerable depth. It would then be folly to disturb the bran for several days, in consequence of any slight change in the position of the fragments;--(and a great one can never occur in a well regulated apparatus,)—for, such changes are of very little importance during the first days of a severe compound fracture, and our interference would endanger the recurrence of serious hemorrhage. When suppuration is fully established, such an accident, though not absolutely impossible, is extremely rare, because the wound is then completely covered with a new secreting membrane foreclosing the torn capillaries. Scarcely ever will occasion warrant an examination in less than four or six days, except when the occurrence of extensive gangrene is plainly indicated by the condition of the patient and the appearance of the limb at a distance from the seat of injury. Any accidental malposition of the fragments which can occur under skilful treatment, may be corrected after such an interval as readily as at an earlier moment.

Prof. Jackson's Introductory Lecture.—We extract from this eloquent production the following passages, and commend them to the attention of our readers. No one can fail to see the application of these remarks.

"The vulgar believe, and impostors assert, that diseases

'Have each their record with the cure affixed.'—*The Task.*

And that medicine consists in discovering a symptom and prescribing its remedy, already ascertained and handed down from the experience of others.

"If this were true, medicine, instead of ranking with the noblest of sciences, would fall below the meanest of the arts. It could not be called an art; it would sink into a miserable trade, not more respected than it was formerly in Europe, and has been even within a century in Spain and Italy, when physicians and barbers occupied the same station, and possessed the same consideration in society.

"If such were the character of medicine, how unnecessary are the long and laborious studies by which physicians prepare themselves for the exercise of their profession! How useless is the cultivation of Anatomy, of Physiology, of Pathology, of Therapeutics! The facts and knowledge these impart, would be inapplicable to the treatment of disease.

"No especial knowledge is required to detect a symptom. It is addressed at once to the senses. Whoever has sight, hearing, touch, and smell, cannot fail to recognize that a patient has a cough, or vomits, or has a fever, or a hemorrhage, a spasm, or a loss of power in the muscles, or any other symptom, the external evidence of disease.

"Now, if there be a fixed remedy, as is pretended, for each specific symptom, with its number labelled, what other capacity or knowledge is required than that of the simple senses, with the rudiments of the lowest education. The mending of a shoe, or the darning of a stocking, require higher qualifications of intelligence, than would the treatment of the numerous maladies that waste the human race and afflict mankind, conducted on such principles.

"But this is not medicine.—Symptoms, the expression or outward signs of disease, are not the disease: nor can they alone, without the aid derived from a perfect knowledge of the organism, indicate the seat or nature of the disease, and consequently the appropriate treatment.

"Symptoms are the disordered state of some function. Ignorant of the function, symptoms cannot be rightly understood. But the function is an act of an organ; the organ, therefore, must be known before we can know the function: the organs are, however, very complicated in their structure; they are formed by the interweaving of various tissues different from each other in their structure, modes of vitality, sensibility, and irritability. It is then necessary for the complete knowledge of an organ, that we have a previous acquaintance with the tissues, that are its component elements.

"But an organ is a part of an apparatus of organs executing a complex and general function, of which its own particular function is a subordinate act. The value of an organ and its function, and, consequently, the value of a symptom, depend on the more or less essential part the organ and function perform in the apparatus, or that apparatus in the living economy. Hence, then, it follows, that a knowledge of the whole apparatus, of all its separate organs and functions, is indispensable for the ascertainment of the value of the organ, its function, and the symptoms proceeding from them.

"Again: a symptom is a result of a disordered function. Now the lesion of the function arises from a modification in the vital force, or sensibility of the organ. But these are fluctuating elements. They never are stationary: they vary in intensity, in degree, in persistency, in the same individual at different ages and times, and in different individuals. They are influenced by numerous modifiers, external and internal, with whose active powers they have a relation. But in whatever mode they are affected, when they cause a specific disorder of the function, it is the same specific symptom that is produced, and in each circumstance possessing a different value. The same symptom proceeds, in this manner, from different conditions of the same organ. There is but one outward expression to indicate a great variety of internal affections. Its true meaning is to be determined by tracing it to its cause, by reaching its root. But this is an analytical process of the mind, requiring a perfect knowledge of the living organism in all its diversified phenomena, natural or physiological, and anormal or pathological.

"Symptoms are the language of disease. It is an imperfect language, and easily misconceived. The things to be expressed are infinite; the expressions limited. One expression has twenty meanings. Hence it is that physicians so often understand the same symptoms differently. The most instructed, it is most probable, will be correct. Those who are ignorant of the fundamental branches of Medicine, as respects symptoms of disease, are like an individual who reads a book in a tongue which he does not understand. He sees and pronounces the words, but their meaning is sealed to him: or he obscurely, from some analogy of sound, guesses an interpretation.

"Let us illustrate these observations by some examples. A cough is a symptom of disease. A cough is produced by a convulsive contraction of the muscles of respiration, causing a rapid inhalation and forcible expiration of air from the lungs, by which matters in the larynx, trachea, bronchial tubes, and air cells, are expelled and thrown out. It is excited by whatever makes a certain impression on the sensibility of the mucous membrane of the air passages enumerated, and air cells. This modification of the natural sensibility, transmitted to the central of organs of sensibility in the medulla oblongata and spinal axis, calls into action the centres of the motor power in the same situations, and thus excites the muscles that accomplish this specific modification of respiration, in the specific mode of a cough.

"A cough is, then, a functional action, being a particular modification of the function of respiration, intended to accomplish an especial purpose. It is protective and preservative. It guards the air passages against the ingress of foreign bodies, that would interfere with the process of aeration of the blood, and expels the mucus, pus, and blood, the accumulation of which, secreted or effused from the respiratory mucus membrane, obstructing the bronchial tubes and pulmonary vesicles, would soon bring on suffocation.

"A cough of this character is a therapeutic operation of the vital functions, a curative process of nature resulting from, and maintained by, the synergy that unites the various functions of an apparatus, in the harmony of a combined action, to perform a cure of a specific evil. Such a cough is to be respected in the treatment of the case.

"But a cough is a reflected or excito-motory action, as has been shown, commencing with the sensibility of the respiratory mucous membrane, passing through the sensory and motor centres of the medulla oblongata and spinal axis, and ending in the respiratory muscles. Now a cough may be excited by a lesion in any one link of this chain. The sensibility of the respiratory mucous membranes, disturbed by an irritation seated in that tissue, or other cause, without the presence of foreign matters, or secreted or effused fluids of any kind, to be removed, will occasion coughing.

"A lesion, further, of the sensory nervous filaments, passing to the sensory centres; or of the sensory centres themselves; or of the motor centres; or the motor nerves passing to the muscles; a lesion in the function of any one of these distinct parts of the nervous portion of the respiratory apparatus, may also give rise to coughing.

"The cough in these circumstances, ceases to be a function. It has no object, it answers no particular end. It is not a synergic result. It is a true pathological result. The important functions of respiration, innervation, circulation, digestion, are more or less disturbed and interrupted by it. A cough of this kind must be attacked at once, and got rid of as a mischievous nuisance, and as soon as possible, by the most prompt and active means.

"The sensory and motor nervous powers, though controlled by the separate numerous centres of the cerebro-spinal axis, have more or less community of action throughout the economy. From this circumstance, it happens that diseases in one organ or apparatus often disturb the action of distant organs or apparatus, occasioning symptoms in them, through the nervous centres, that influence their movements. Thus, disease in the stomach, liver, intestinal canal, uterus, or bladder, by disordering the nervous sensory, or motor powers of the spinal axis, will give origin to secondary sympathetic symptoms, according to the particular nervous centres,—cerebro-spinal or ganglionic,—that are especially predisposed, at the time, to be morbidly affected or unduly excited. When this happens to be the state of the respiratory nervous centres, a cough will be produced by those distant lesions in organs of an entirely distinct apparatus.

"This kind of cough, again, is not of the synergies: it is useless, means nothing, accomplishes nothing. It is a truly sympathetic symptom, without salutary tendency. In a cough of this character, it would be idle to prescribe remedies for it as a symptom. It can be treated methodically only by finding out the seat and nature of the primary lesion, and treating that in an appropriate manner.

"Again: coughing is a direct result of the action of sensory and motor nervous power. As these unstable elements may be exalted, or depressed, the cough will vary in its force and character. When they are active and excitable, a violent and spasmodic cough, distressing and alarming in appearance, will result from a most trifling lesion. On the other hand, should they be depressed or low in power, an intense irritation of the respiratory organs will scarcely excite a cough, and suffocation may occur from obstructed air tubes and pulmonary vesicles, because the obtuse sensibility of the sensory organs is incapable of being excited by the offending cause.

"The separate symptoms of any disease, examined in this analytical manner, would present similar results, and afford equally cogent illustrations. This is sufficient to establish the fallacy, and to demonstrate the shallowness of the pretence, that diseases can be known by symptoms alone; can be treated from no other knowledge than that of their symptoms; and that there can possibly exist in nature, fixed and positive remedies for the symptoms of disease."

Singular Phenomena accompanying Menstruation and Uterine Hemorrhage.—The following curious case is related by Dr. J. E. Sands, of Wilson County, Tenn., in the *Western Journ. of Med. and Surg.* (Jan. 1842.) Mrs. B., a native of Georgia, 56 years of age, and the mother of eight children, has, on her left side, commencing about the second false rib, "a line three-fourths of an inch wide, which passes directly upwards a little external to the mamma, and stops two inches from the clavicle. Here it divides into three branches of about half its own width; the outer branch, three inches long, passes obliquely upwards and outwards nearly to the scapulo-humeral articulation, where it terminates in a prominence about the size of a half-ounce bullet; the inner one, of the same length, runs obliquely upwards and inwards almost to the junction of the clavicle and sternum, and terminates like the first; the third branch, an inch and a half long, pursues an intermediate course, and terminates like the others.

"She began to menstruate at the age of 12, and continued to do so regularly until she was 25, when she married; three months afterwards conception took place, and the catamenial discharge ceased. At the usual period she gave birth to a son; two weeks afterwards the menses made their appearance again, and recurred at regular intervals until she was six months advanced in her next pregnancy. The same thing attended all her subsequent pregnancies. At the age of 49 the menses ceased entirely, after which she had no flow of any kind from the uterus until last December, when she suffered with a violent hemorrhage from that organ.

"At every menstrual period, from the time menstruation began until it ceased, a fluid resembling the catamenial discharge in all its sensible qualities flowed from the mark or lines described above; the discharge from this part observed precisely all the changes of that from the uterus.

"From the birth of her last child, which was in her 38th year, till the final cessation of the menses, she was subject to uterine hemorrhage, and the flow from the side was in direct proportion to that from the uterus, being profuse when the latter was profuse, and ceasing when it ceased. A similar discharge accompanied her last attack of hemorrhage in December.

"The skin on these marks or lines is slightly elevated, of a dark red colour, assuming somewhat the appearance of an aneurismal tumour. The discharge, to use her own expression, 'comes out like the perspiration through the skin.' No perspiration is ever discovered on these marks, although she generally perspires freely."

Editorial Injustice.—Under this head, in a former number, (October, 1841, p. 525,) we noticed an act of great injustice committed by the editor of the *Gaz. Méd. de Paris*, who, in republishing an account of an operation for vesico-vaginal fistula, has entirely suppressed the name of the operator and narrator of the case, Dr. J. R. Barton, and by giving it as communicated by Dr. Mott, has misled the readers of his Journal into the belief that the latter was the operator. Thus this operation is quoted in the Provincial Medical and Surgical Journal. in the London Medical Gazette, and in Costello's Cyclopedia of Practical Surgery, as performed by Dr. Mott. We have been charitable enough to be inclined to ascribe this injustice to mere carelessness, but there is an interpolation in the first paragraph—the introduction of the word New York—which can scarcely be accounted for in this way. We give the original and the translation in parallel columns.

Original.	Translation.
Miss R——, of Virginia, an unmarried lady, ætat. 22, most respectably connected in Philadelphia, shortly after her return from a visit to this city in June, 1835, experienced all the symptoms of an acute abscess in the region of the rectum and vagina.—*Am. Journ. Med. Sci.* Aug. 1840, p. 305.	Mademoiselle R——, de Virginie, âgée de 22 ans, éprouva peu de temps après un voyage de Philadelphie à New-York, tous les symptômes d'un abcès dans la région recto-vaginale.—*Gaz. Méd. de Paris*, May 1, 1841.

We have never for a moment supposed that our distinguished collaborator, Dr. Mott, had the least participation in this deception, and we should think that the publication of any vindication from him wholly unnecessary. But as he desires it, we cheerfully insert the following letter from him on the subject, which shows that his views in sending the article to Mr. Guèrin were of the most generous character towards Dr. Barton.

New York, 15*th Feb.* 1842.

To Dr. Hays.

My Dear Sir:—I found a few day ago, among some letters and papers, which I was looking over, from Paris, my note to Dr. Guèrin. As I stated to you, I thought it probable that I should find it, as it was written a short time before I left Paris, and was no doubt gathered up with other letters and papers from my table when we were about to leave.

The note ran thus:—

My Dear Friend:—It gives me great pleasure to send for insertion in your valuable Journal, the following statement of a successful and original operation for a recto-vaginal fistula. Your zeal and success in the advancement of orthopædic surgery will, I am certain, cause you to rejoice in the improvement of every branch of the healing art.

My excellent friend and distinguished countryman, Dr. Rhea Barton, a few days since gave me a description of his operation, and handed me the accompanying account of it. Dr. B. is already well known to the surgical world by his bold, original, and successful operations upon the femur for anchylosis of the hip and knee joints. The following case will shed additional lustre upon his fame. Ever your friend.

V. MOTT.

To Dr. Guerin.

I affirm that this is a true copy of the original. It is also enclosed in a French translation of it, made by one of my sons, and in his handwriting. As they wrote French more readily than I did, they generally translated such things for me.

I wish you to give an insertion of my note to Guèrin in your next number, as some persons have expressed themselves quite unkindly towards me since your mention of the case in the Journal before the last.

My assistant, Dr. Carnochan, has been sick for a month past, and it still confined to his room; and, therefore, fear *a little* that we cannot forward the case of the nose operation in time for the next number, as he intends to describe it.

Yours very truly,

VALENTINE MOTT.

Prof. Bartlett's Introductory Lecture.—This is the first introductory of Prof. Bartlett, delivered from the Practical chair in Transylvania University; and it must have made a most favourable impression upon the class. It is entirely suited to the occasion, and is characterized by the good sense and sound judgment which always distinguish the productions of this writer. The subject of the lecture is, the objects and nature of medical science. The aim of the lecturer was "to ascertain the essential and true character of medical science; to find out in what it consists; what are its elements; what are its objects of investigation, and what the true methods are by which we can attain them. In short, and in the plainest possible words, in this our peculiar province of Practical Medicine, what is it that we wish to know? what is it that we can know? and what are the true and best means of arriving at this knowledge?"

Pathology of Drunkenness, or the physical effects of Alcoholic Drinks.—Our esteemed collaborator, Prof. Sewall, has published a folio pamphlet under this title, illustrated by four coloured plates, representing the stomach in a healthy state, and in the conditions found after death in those who have indulged to excess in the use of ardent spirits. The object of the author is of the most philanthropic character, and this publication seems calculated to enforce his views.

Physiology for Schools. By REYNELL COATES, M. D.—This volume reached us too late for notice under the appropriate head, or to allow us even now, time for more than a mere cursory examination; but this glance has given us a most favourable impression. The plan seems new, and remarkably good; and the work to be particularly well adapted to the purposes of instruction. The volume is got up in an unusually good style; the wood cuts which are numerous, are well executed, and it is unquestionably in every respect very superior to most of the works of a similar character.

The American Journal and Library of Dental Science.—This work is at present edited by Chapin A. Harris, M. D. of Baltimore, and Solyman Brown, M. D. of New York, and is published under the auspices of the American Society of Dental Surgeons. Since the existing arrangement, which commenced with the second volume (Oct. 1841), the work has been greatly improved in its appearance. It is every way exceedingly creditable to all concerned, and one, we should think, indispensable to every dentist who desires to keep up with the progress of his science, and art.

Baltimore College of Dental Surgery.—We have before us the second annual announcement of this college, an institution of which this country, and especially our sister city, may be proud. The faculty consists of HORACE H. HAYDEN, M. D., Professor of Dental Physiology and Pathology; CHAPIN A. HARRIS, M. D., Prof. of Practical Dentistry; THOMAS E. BOND, Jr., M. D., Prof. of Special Pathology and Therapeutics; and W. R. HANDY, M. D., Prof. of Anat. and Physiology.

"The plan of instruction," says the circular, "is decidedly practical, each student being required not only to thoroughly understand, but also each to thoroughly practise for himself the several manipulations necessary in his profession. The facilities for the accomplishment of this plan, the faculty have the pleasure of announcing, are sufficiently ample.

"The Professor of Practical Dentistry is provided with abundant means for demonstrating the various operations pertaining to his department, all of which are gone through with in the presence of the class, and opportunity afforded each student of repeating them after him, under his immediate direction.

"The Professor of Dental Physiology and Pathology has a valuable cabinet of physiological and pathological specimens of many years collection, by which his branch can be practically illustrated.

"The Chair of Special Pathology and Therapeutics has the ample store of materia medica and pathological anatomy to draw from, while that of anatomy and physiology finds no difficulty in obtaining the greatest abundance of subjects for its demonstrations, and it will be looked for of each dental student, that he shall dissect, as the faculty regard dissection both essential, and as the only proper means by which a true and practical knowledge of the dental organs, as well as every structure of the body, can be acquired, and for which purpose ample facilities for dissection are provided.

"*Terms of Graduation.*—Candidates for graduation who have attended two full courses of lectures in this college, or one course in some respectable medical college, and one in this institution, will be subjected to a critical examination by the faculty, and be required to defend a thesis on some subject connected with dental science—they will also be required to present one or more specimens of mechanical skill in preparing and setting artificial teeth, and likewise be expected to perform certain dental operations in evidence of practical qualification; and on being found competent they shall receive the degree of *Doctor of Dental Surgery.*"

Terms of Admission.—Ticket of each professor, for each session, $30; Diploma fee, $30; Matriculation, $5.

Lectures begin the first Monday of November and end the last of February.

—

Medical Classes.—The Medical Classes in the following institutions, according to their printed catalogues, numbered as follows:—University of Pennsylvania, 363; Transylvania University, 271; Medical College of the State of South Carolina, 158; Harvard University, 118; Jefferson Medical College, 209; Louisville Medical Institute, 263; Medical Institution of Geneva College, 156; Medical Department of Yale College, 47; Albany Medical College, 101; Berkshire Medical Institution, 103.

—

Medical Graduates.—The degree of M. D. has been conferred, the past session, by the University of Pennsylvania, on 114 students; College of Physicians and Surgeons, New York, 25; Transylvania University, 57; Medical Institution of Yale College, 19; Columbia College, D. C., 20; Jefferson Medical College, 61; Louisville Medical Institute, 53; Medical Institution of Geneva College, 36; Albany Medical College, 27.

—

University of Pennsylvania.—The whole number of students in this Institution the past session was 770, viz:—Collegiate Department 110; Medical Department 363; Academical Department 155; Charity (English) Schools 142.

—

Trimmer's Practical Geology and Mineralogy.—We invite the attention of our readers to this work, just issued by Messrs. Lea and Blanchard. It is one of the best elementary treatises that has appeared on a science which, as justly observed by Sir John Herschell, in the magnitude and sublimity of the objects of which it treats ranks in the scale of the sciences next to astronomy. The work is illustrated by 212 beautiful engravings on wood.

—

United States Pharmacopœia.—We are happy to announce that the recently revised edition of this work is now printed, and will be published in a few days.

—

Dr. Forry *on the Climate of the United States, and its Epidemic Influences.*—Just as this sheet was preparing for press, we received a copy of this work. We shall notice it particularly in our next, and in the mean time commend it to the patronage of the profession.